

Retail Food Establishment Inspection Report

Floyd County Health Department Telephone:812-948-4726

X678

Based on an inspection this day, the item(s) noted below identify violations of 410 IAC 7-24, Indiana Retail Food Establishment Sanitation Requirements. The time limit for correction of each violation is specified in the narrative portion of this report.

Establishm	~ I	- !		Telephone Number	Date of Ins (mm/dd/yr	r)	
(-	<u>oraet</u>	<u>er</u>	'S Ice Cream	() Establishment 812-949-62.63	` `	118-	
4 4	ent Addre	ss (nu	mber and street, city, state, zip code)	() Owner	3-26	1-19 107	
431(Owner_	<u>ی د</u>	Ии	lestown Rd New Albani. IN4710	502-339-9475 Purpose:	Follow-u	, ,	
	oe ter	٠,٠	ļ	1. Routine	NO	Today	
Owner's Ac			•		 		
				2. Follow-up 3. Complaint	Summary	of Violations:	
Person in C	٠,		<u>-</u>	3. Complaint	~1	- NC 4 R 1	
A	nne#1	e_,	Jenkins	4. Pre-Operational 5. Temporary		- NC 1 1 1	
Responsible				5. Temporary 6. HACCP	Menu Ty	pe (See back of page)	
				6. HACCP 7. Other (list)		. /	
Certified Fo			nie Lucas (7-13-20)		12	<u>345</u>	
• CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C"							
• VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRATIVE BELOW AS "R"							
Section#	C/NC	R	Narrative	ATTIONAL OF TAXABLESIAN	D 111 AAA4 A	To Be Corrected By	
334				an 1" on 3r	1	1 week	
J J 1	_	+			<u>^</u>	1 WLER	
134	1//	+			_	1 1	
1 2 7	NC	+-	Observed employee handling	,	f	+ aay	
177	111	10		restraint.	11	7	
177	NC	R		m stored dire	ctly	L WEEKS	
	 -	+	on floor in walkin freeze	, ,	^^ C/		
	ļ	—					
410	NC	 	Observed no light shield	New 3-comp.	Sink	2 weeks	
	ļ <u> </u>		light fixture.		<u>.</u> .		
411	NC	Measure lighting at 3-comp sink at					
<u> </u>	54 footcandles must be 10 ftc.						
		Ī	-2 5ulbs out.				
	 						
		t					
·		+					
-		+					
_	 	+-					
Received by	name and	d title	printed):	Inspected by (name and title pr	rinted):		
AZ'))	P	manager	Manner Saider, EHS	- Tylo	or Smith, EHS	
Received by (signature):							
Received by (name and title printed): Thomas Snider, EHS Tyler Smith, EHS Received by (signature): Thomas Snider, EHS Tyler Smith, EHS Thomashibs Jylending Snider Thomashibs Specification of the printed of the p							
cc: cc: cc:							
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